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Attorneys for Federal Defendant

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

| | |
|---------------------------------------|--------------------------|
| ST. FRANCIS MEMORIAL HOSPITAL) | No. C 08-1440 (MMC) |
| AND FRANKLIN BENEVOLENT) | |
| CORPORATION f/k/a DAVIES MEDICAL) | |
| CENTER,) | CERTIFIED ADMINISTRATIVE |
|) | RECORD |
| Plaintiffs,) | |
| v.) | |
| MICHAEL O. LEAVITT, Secretary,) | |
| U.S. Department of Health and Human) | |
| Services,) | |
|) | |
| Defendant.) | |

MANUAL FILING NOTIFICATION

Regarding: Certified Administrative Record filed by Defendant

This filing is in paper or physical form only, and is being maintained in the case file in the Clerk's office.

If you are a participant in this case, this filing will be served in hard-copy shortly.

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5
6 Respectfully submitted,

7 JOSEPH P. RUSSONIELLO
8 United States Attorney

9 Dated: 9/4/08

10 By: /s/
11 JULIE A. ARBUCKLE
12 Assistant United States Attorney
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CERTIFICATE OF SERVICE

The undersigned hereby certifies that she is an employee of the Office of the United States Attorney for the Northern District of California and is a person of such age and discretion to be competent to serve papers. The undersigned further certifies that she is causing a copy of the following:

CERTIFIED ADMINISTRATIVE RECORD

St. Francis Memorial Hospital and Franklin Benevolent Corporation f/k/a Davies Medical Center
v. Michael O. Leavitt, in His Official Capacity as Secretary of the Department of Health and
Human Services
C 08-1440 MMC

to be served this date upon each of the persons indicated below at the address shown:

Kenneth R. Marcus
Honigman Miller Schwartz and Cohn LLP
2290 First National Building
660 Woodward Avenue
Detroit, MI 48226

Gary E. Gleicher
Law Offices of Gary E. Gleicher
433 North Camden Drive Suite 730
Beverly Hills, CA 90210

_____ **BY FIRST CLASS MAIL** by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid in the designated area for outgoing U.S. mail in accordance with this office's practice.

_____ **CERTIFIED MAIL (#)** by placing such envelope(s) with postage thereon fully prepaid in the designated area for outgoing U.S. mail in accordance with this office's practice.

_____ **BY PERSONAL SERVICE (BY MESSENGER):** I caused such envelope to be delivered by hand to the person or offices of each addressee above.

_____ **BY FACSIMILE (FAX):** I caused each such document to be sent by facsimile to the person or offices of each addressee above.

_____ **BY E-MAIL:** I caused each such document to be sent by e-mail to the person or offices of each address above.

_____ ☒ **BY FEDERAL EXPRESS**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed September 4, 2008 at San Francisco, California.

/s/
KATHY TERRY
Legal Assistant